

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2000 8:00 am**  
**Secretary of State**

03-17-2000 90010 028 \*\*\*\*61.25

**DOCUMENT # N02102**

1. Entity Name  
**ROCKY BAYOU OWNERS ASSOCIATION, INCORPORATED**

Principal Place of Business      Mailing Address  
P.O. BOX 848      P.O. BOX 848  
NICEVILLE FL 32588-0848      NICEVILLE FL 32588-0848



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-3269584**      Applied For  
 Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**VAN BUREN, CONRAD**  
**1382 RUCKEL DRIVE**  
**NICEVILLE FL 32578**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      **FL**      Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>VAN BUREN, CONRAD<br>1382 RUCKEL DRIVE<br>NICEVILLE FL 32578<br><input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>BOULTON, SHERRI L<br>4046 BOND CIRCLE<br>NICEVILLE FL 32578<br><input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>YOUNG, LISA<br>312 RUCKEL DRIVE<br>NICEVILLE FL 32578<br><input checked="" type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Gaskell, Kelley <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>2178 Chase Drive<br>Niceville, FL 32578 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | AA<br>GASKELL, KELLEY<br>2178 CHASE DRIVE<br>NICEVILLE FL 32578<br><input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Keene, Lynn <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>4038 Bond Circle<br>Niceville, FL 32578     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | AC<br>KEENE, LINNEA<br>4038 BOND CIRCLE<br>NICEVILLE FL 32578<br><input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Loria, Joe <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>4100 Howard Drive<br>Niceville, FL 32578     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | EC<br>WILCOXEN, RICHARD<br>207 RUCKEL DRIVE<br>NICEVILLE FL 32578<br><input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sherril L. Boulton      DATE: 3-11-00      DAYTIME PHONE #: 850-678-1948

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/99)